# W4000018587

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(Requestor's Name)	
(Address)	<u> </u>
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	<u> </u>  -
(Business Entity Name)	
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(Document Number)	
Certified Copies Certificates of Status	
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M.M

04 MAR 10 PH 4: 4.1

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Joe's Concrete (Name of Li	mited Liability Company)
The enclosed Articles of Organization and fee(s) are	e submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Joe Paughtry (Name of Person)	
Joes Concrete Consb (Firm/Company)	
54439 Bea Rd. (Address)	· · · · ·
Callahay, 74 3201/ (City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further information concerning this matter, please	se call:
The Daughta (Name of Person)	at ( 964 ) 545.0555 (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

Tallahassee, Florida 32399



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 23, 2004

JOE DAUGHTRY JOES CONCRETE CONST. 54439 BEE RD. CALLAHAN, FL 32011

SUBJECT: JOES CONCRETE CONST.

Ref. Number: W04000007594

We have received your document for JOES CONCRETE CONST. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 504A00012172

Michelle Hodges Document Specialist

Division of Cornorations - P.O. BOX 6327 -Tallahassee, Florida 32314

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

# ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address:	
The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
54439 Bea Roll Callohan 174 3204	SAME
Callahan 174 3204	

The name and the Florida street address of the registered agent are:

Florida street address (P.O. Box NOT acceptable)

Ca Uahan FL 3206/

City, State, and Zip

04 MAR 10 PH 4: 41

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature

(CONTINUED)

### ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

	-	
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	:22
MGK	Te- O- 1-	
	Joe Rougely	a.
	34437 Bea Rd	····
	Callatan, 96 3204	<u> </u>
		<del></del>
		**************************************
	·	
		- Company
(Use attachment if necessary)		
NOTE: An additional article mu	ist be added if an effective date is requested.	
	•	
REQUIRED SIGNATURE:		- 2
Jac 19 Signature of a mo	ember or an authorized representative of a member.	en e
of this document of	th section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury d herein are true.)	

Filing Fees:

Typed of printed name of signee

\$100.00 Filing Fee for Articles of Organization

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)